

MISSOURI TSA LEADERSHIP CONNECTIONS DEGREE PROGRAM  
COLLEGIATE DEGREE APPLICATION

Deadline: February 15

Candidate's Name \_\_\_\_\_

(Include a \$5.00 processing fee with this application.)

Home Mailing Address \_\_\_\_\_

P.O. Box or Street

City

State

Zip

Chapter \_\_\_\_\_ Grade Level \_\_\_\_\_

Years of Technology Education completed \_\_\_\_\_

Date you became a TSA member \_\_\_\_\_

Date you received the Basic Degree \_\_\_\_\_ Academic Degree \_\_\_\_\_

Is your membership in TSA an active continuous one since you first became a member? \_\_\_\_\_

List the date(s) that you attended the Missouri TSA Fall Leadership Conference. \_\_\_\_\_

\_\_\_\_\_

List the local TSA chapter committees on which you have served \_\_\_\_\_

\_\_\_\_\_

List the date(s) that you attended and competed at the Missouri TSA State Conference:

Year

Competitive Event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all chapter offices that you have attempted or served \_\_\_\_\_

\_\_\_\_\_

Grade Point Average (overall) \_\_\_\_\_ Overall Technology Education GPA \_\_\_\_\_

Provide a brief summary of your presentation about TSA and/or Technology Education. (Please explain where the presentation was given and provide the date.)

The above-named TSA member has completed the established requirements for this degree and we hereby certify the information and accounts to be true and accurate.

\_\_\_\_\_

Advisor's Signature

\_\_\_\_\_

Candidate's Signature